

Introduction

Good morning. My name is Laura Conrad, and I am the Children's Behavioral Health Program Manager, Office of Behavioral Health (OBH) at the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the proposed amendments to regulation 101 CMR 352.00: *Rates of Payment for Certain Children's Behavioral Health Services*, effective for dates of service on or after January 1, 2022.

Background

Regulation 101 CMR 352.00 governs payment to providers of certain Children's Behavioral Health Initiative (CBHI) services. CBHI services represent a comprehensive system of care for MassHealth members under 21 years of age with significant behavioral, emotional, and mental health needs, and their families. CBHI services that members can receive are: Intensive Care Coordination (ICC) and Family Support and Training (FS&T); In-Home Therapy (IHT); In-Home Behavioral Services (IHBS); Therapeutic Mentoring (TM); and Mobile Crisis Intervention (MCI). MCI, IHBS, IHT, and ICC all occur at professional and paraprofessional levels, each with its own rate. FS&T and TM occur only at the paraprofessional level. CBHI services are provided through Managed Care Entities (MCEs), including Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), and the MassHealth Behavioral Health Vendor, the Massachusetts Behavioral Health Partnership (MBHP).

Proposed Amendments

The proposed amendments to 101 CMR 352.00 update and increase the rates for IHBS, TM, MCI, and ICC and FS&T. IHT rates were increased on January 1, 2021. The proposed rates were developed by updating certain staff salaries and other benchmarks in the model budgets using FY2019 Uniform Financial Report (UFR) data. Salaries were calculated primarily based on medians, excluding outliers, of single or multiple cross-walked UFR position titles. Rate methodology used in developing the proposed rates are described below.

- **Mobile Crisis Intervention:** For the proposed rates, the Clinical Supervisor/Program Manager position (0.50 FTE) in both the current MCI-BA and MCI-MA model budgets has been broken down into Program Manager (0.25 FTE) and Clinical Supervisor (0.5

FTE). The net change is a 0.25 FTE increase. The Clinical Supervisor salary is the weighted blend of the Program Director, Program Function Manager, and Supervising Professional median UFR salaries. The MCI-BA salary is the weighted median of the Direct Care/Program Staff I, II and III UFR median salaries. The MCI-MA salary is the weighted median of Licensed Counselor and Case Worker/Manager-Master's salaries. An Administrative Assistant (0.25 FTE) position was added to both model budgets at the median Program Secretarial/Clerical Staff salary. Billable hours used as the divisor decreased from 1,152 to 1,048 for the MCI-BA and increased from 990.8 to 996 for MCI-MA.

From January 1, 2022 through March 31, 2022, the proposed rates for the existing MCI services will apply, regardless of the site of service. Effective April 1, 2022, EOHHS proposes to establish enhanced rates for MCI services provided in community settings. The proposed rates for the existing MCI services will continue for MCI services provided in other sites of services. For the new community-based site-of-service MCI-BA and -MA rates, billable hours decreased to 944 for MCI-BA and 892 for MCI-MA, reflecting an increase in the weekly travel time allowance from 10 hours to 12 hours.

- Intensive Care Coordination and Family Support and Training: The proposed ICC-BA salary averages the Direct Care/Program Staff II and III salaries. For both the ICC-FS&T day rate and the FS&T 15-minute rate, other direct costs were calculated as a percentage of salaries instead of as a percentage of staff costs, which also includes tax and fringe. These changes were made to be consistent with other model budgets.
- In-Home Behavioral Services: The proposed IHBS-BA salary is based on the IHT-BA salary, which is a weighted blend of the median Direct Care/Program Staff I, II, and III salaries. The MA-level Behavior Management Therapist salary in the IHBS-MA model budget is based on the MCI MA-level Clinician used for the MCI-MA model budget, which is the weighted median salary of the Licensed Counselor and Case Worker/Manager Masters UFR titles. The IHBS Administrative Assistant salary is the same one used for the IHT model budgets.

- **Therapeutic Mentoring:** The Program Manager salary for the current rate was retained to avoid a salary reduction. The proposed Therapeutic Mentor salary is the weighted median of the Direct Care/Program Staff I, II, and III UFR salaries. The salary for the Supervisor (licensed clinician) staff position is based on the salary for IHT Supervising Professional.

For all model budgets used in developing the proposed rates, tax and fringe benefits percentages were based on UFR medians excluding outliers. An allowance of 0.37% of salaries was included to cover the employer's share of Paid Family and Medical Leave. Allowances for facilities and other direct programs expenses, excluding meals, were calculated based on percentages relative to salaries. Indirect cost components were based on the median of 2019 UFR data capped at the 85th percentile relative to direct costs, as has been done in the past. Maximum billable units used as the denominator for rate calculations were essentially unchanged, except for the aforementioned MCI denominators.

All other rates are proposed to remain at their current levels.

The M.G.L. Chapters 118E, Section 13D requires EOHHS to establish by regulation, the rates paid by governmental units to providers of health services. The proposed regulation 101 CMR 352.00 is in accordance with this statutory requirement.

Fiscal Impact

It is estimated that MassHealth state plan expenditures for fee for service will increase approximately \$173,461 (41.8 %) over base spending as a result of the proposed amendments. MassHealth directs its managed care plans to pay at least the rates set forth in 101 CMR 352, and therefore, it is expected that the aggregate annual expenditure for CBHI services delivered through managed care will increase by \$16.7 million (12.05%) relative to base spending as a result of these amendments.

This concludes my testimony.

Thank you.

Testimony on Amendments to 101 CMR 352.00, Effective January 1, 2022
Rates of Payment for Certain Children's Behavioral Health Services
October 15, 2021